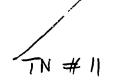
PART B-ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

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David Catanzaro 626 Penn Avenue Mayfield PA 18433



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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

A THANK AND THE STATE OF THE ST					(Depositor's name)		
					(Signature)		
			MADE			(Date)	
APPLICATION NO.		FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP A	RT UNIT	DATE MAILED	
	09/505,791	02/17/00	008 G	RAHAM, G	1744	10/05/01	
First Named Applicant	CATANZARO,		35 USC 154(b) term ext. =		= 0 Day	0 Days.	
ITLE OF	ARTICLE ASSE	MBLY					

ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. SMALL ENTITY **FEE DUE** APPLN. TYPE DATE DUE 1 015-167.100 N13 UTILITY YES \$620.00 01/07/02 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to 🗶 Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for Advance Order - # of Copies __ filing an assignment. (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) **DEPOSIT ACCOUNT NUMBER** (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee ☐ individual ☐ corporation or other private group entity ☐ government Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

06/27/09

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